

REPTILE ADOPTION QUESTIONNAIRE



Name _____ Email _____

Address _____ City _____ Zip _____

Primary Phone _____ Alternate Phone _____

Thank you for considering adopting an orphan from our shelter. You will be making an up to 50 year commitment to the REPTILE you adopt and our goal is to help make the best match possible for you and the orphaned REPTILE you are interested in. The following questions will help us achieve that goal.

1) Do you currently live in a ☐ House ☐ Apartment ☐ Condo ☐ Other _____

2) Do you currently ☐ Rent ☐ Own ☐ Lease the residence where you live?

3) How long have you lived at your current residence? _____

If not property owner, Seattle Animal Shelter has my permission to verify current pet policy

Landlord's Name _____ Phone Number _____

4) How many adults live in your home? _____

5) How many children? _____ Ages _____

6) Does anyone in your household have allergies to animals? ☐ Yes ☐ No

7) Who will be primarily responsible for the care of this reptile? _____

8) Is this reptile a gift? ☐ Yes ☐ No If yes, for whom? _____

9) Which of the following best describes your reasons for wanting this reptile? (Check all that apply)

☐ Companion ☐ Breeding ☐ For the children ☐ Companion for other pet ☐ Classroom Use/Pet

10) How many hours will the reptile be alone from people each day? _____

11) How will the reptile be housed? ☐ Inside cage ☐ Outside hutch ☐ Loose in house ☐ In garage

12) Are you prepared to take this reptile with you if you move? _____

Please fill out the back side of form →

- 13) What will happen to the reptile if you go on vacation or out of town? _____
- 14) How many hours each day will you be interacting with the reptile? _____
- 15) Have you ever owned a reptile? _____ If yes, how long ago? _____
What happened to the pet? _____
- 16) **Please list all of the pets you have had in the last 10 years including current pets, and those you no longer own**

Species	Breed	Age	Sex	Altered	Owned how long?	What happened to him or her?
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		

- 17) If you have other pets, are their vaccinations current? ☐ Yes ☐ No
- 18) If you have other pets, are they currently licensed? ☐ Yes ☐ No
- 19) Do you have a regular veterinarian? ☐ Yes ☐ No Name _____
- 20) Under what circumstances would you **not** keep this reptile?

- 21) How much do you expect to spend per year to care for this reptile (cage, food, supplies, toys)\$ _____
- 22) Please check the topics you would like our staff to discuss with you today
- ☐ Hand socialization ☐ Exercise Requirements ☐ Diet
- ☐ Caging ☐ Proper handling techniques ☐ Reptiles and kids

I certify that the above information is true and correct to the best of my knowledge. I also acknowledge falsification of the above can result in my being denied adoption of an animal or, if an animal has been adopted to me, the return of that animal to Seattle Animal Shelter. I understand that all animals adopted from Seattle Animal Shelter must successfully pass a health and temperament screening and must be spayed or neutered before they are released from the shelter.

Signed _____ Date _____

Case Number _____ Reviewed by _____ Date _____